Department of the Treasury Internal Revenue Service

SCANNED AUG 1 9

BAA For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

Ā	For the 2	012 calen	dar year, or tax	year begin	ning		, 201	2, and endi	ng			,		_
В	Check if app	olicable	C					<u> </u>		D Emplo	yer lden	tification Num	ber	_
	Addres	s change	OREGON TRA	ANSFORM	ATION PE	OJECT E	PAC			45-	2942	2026		
	Name	change	311 B AVE							<b>E</b> Teleph	_			_
	X Initial r	-	LAKE OSWE	GO, OR	97034					(50	3) 6	75-736	6	
	Termin									<del>  (3</del>	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	H	ed return								G Gross	receints	\$ ¢	594,985.	
	$\boldsymbol{\vdash}$	ation pending	F Name and addr	ess of principal	officer .TT	M PASER	20		H(a) Is this	a group retu			Yes X No	_
		mon penang	SAME AS C			n Inobn	.0		H(b) Are all	affiliates inc	luded?		Yes No	
$\overline{}$	Tax-even	npt status	501(c)(3)	501(c) (	\ <b> </b>	sert no.)	4947(a)(1)	or X 527	If 'No,'	attach a list	(see in	structions)	. u	
亍		e: ► N/		301(0)		1301110.7	1517 (d)(1)	01 21 027	H/c) Group	exemption n	umber I	<b>&gt;</b>		
ĸ		rganization	Corporation	Trust X	Association	Other >	Ti	Year of Forma	<del></del>			legal domicile	ΛD	
$\overline{}$		Summar	<del></del>	Trust A	Association	Other		. Tear of Forma	1110n. ZUI	T 1101 -	State of	legal domicile	<u> UR</u>	_
F	1 Bri	ofly descri	<b>y</b> be the organiza	tion's missi	on or most s	significant s	activities. I	ro cuppo	DT CAN	DIDATE	20 31	ID MEAC	IDEC	_
	יוינ ו	בווא מפטכוו זארד הגדד	L_IMPROVE_	ECONOMI	בר בראודים:	TTTONC	TN TUE	CLYLE O	E OBECC	JN INTNYTE	7ラ <sup>-</sup> VI	ND WE'Y?	OKE2	-
Activities & Governance	7.0	IVIT MIT	TTIME KOAT	ECONOM1	C CONDI	1110N2	<u> </u>	SIVIE O	r okeg	<u> </u>		<b>-</b>		-
Ħ														-
š	2 Ch	eck this bo	x ► if the	organization	n discontinu	ed its opera	ations or dis	posed of m	ore than 2	5% of its	net as	ssets.		-
Ö			oting members o								3	ĺ		2
প্ৰ জ	4 Nui	mber of in	dependent votin	ig members	of the gove	rning body	(Part VI, III	ne 1b) .			4			2
ij			of individuals e			ear 2012 (P	art V, line 2	?a)			5		(	0
熹			of volunteers (					• • • • • • • • • • • • • • • • • • • •			6	_	1(	
Ą			ed business reve							• • •	7 a		0	
	<b>b</b> Ne	t unrelated	l business taxab	ole income f	rom Form 9	90-T, line 3	34		<del></del>				0	÷
									P	rior Year			nt Year	_
<u>•</u>			and grants (Pa										<u>689,563</u>	÷
Ę		-	rice revenue (Pa											_
Revenue			ncome (Part VIII						-				- 000	_
-			e (Part VIII, colu e – add lines 8 :						ļ				809 690,372	
			milar amounts					1116 12)		<del></del>				_
												<del></del>	359,600	<u>.</u>
			to or for members (Part IX, column (A); line 4)											_
es	15 Sal		=	-				25.107	·			<u> </u>		_
Expenses	Iba Pro	ressionai	fundraising fees	(Part IX, c	olumn (A), l	ine iie)		التن و						7
<u>×</u>	<b>b</b> Tot	al fundrais	sing expenses (	Part IX, col	umn (D), lin	e) 25) 🔻 U U	y W 5 201	ა <u>ტ</u>	.			<u></u>		╛
щ	17 Ott	ner expens	ses (Part IX, col	umn (A), Iır	nes 11a-11d	, 11f-24e)			·				350,202	<u>.</u>
	<b>18</b> Tot	al expens	es. Add lines 13	3-17 (must e	equal Parti)	√,-colὑm̃n-(	A);:line 25)	ر <del>حصد   ا</del> تم				·	709,802	
		venue less	expenses. Sub	tract line 18	B from line	<u> 12</u>	· · · · · · · ·						-19,430	<u>.</u>
8 8									Beginni	ng of Curre	nt Year	End	of Year	_
Net Assets Fund Balans	<b>20</b> Tot		(Part X, line 16)							24,9			5,512	<u> </u>
¥ E	<b>21</b> Tot	al liabilitie	s (Part X, line 2	26)							0.		0	<u>.</u>
žΞ	22 Ne	t assets or	fund balances.	Subtract In	ne 21 from l	ine 20				24,9	942.		5,512	
Pa	rt II	Signatur	e Block											_
Unde	er penalties o	of periury. I de	eclare that I have exa	mined this retu	rn, including ac	companying sci	hedules and sta	tements, and to	the best of n	ny knowledge	and be	lief, it is true,	correct, and	_
com	plete Declar	ation of prepa	rer (other than office	r) is based on a	all information o	f which prepare	er has any know	rledge.						_
				1										
Siç He	gn	Signatu	re of officer	1/	\i\				Da	ate				
He	re		PASERO /	Flen	1/an	em	)		TREA	SURER				_
			print name and title		,[/_	$-\Delta 7$	)			·		Lozur		
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Pa	id	RAPHAI	EL C ANTIC	0	RAPHAEI	-e anti	tco	- 1 9111	2013	self-employ	yed	P00408	470	_
Pre	eparer	Firm's name	ANTICO	& FORE	BESS, LL	P				]				-
Us	e Only	Firm's addre	ess <b>*</b> 8705 S	W NIMBU	JS AVE,	STE 350	)			Firm's EIN	▶ 20	-05003	)4	_
		1	BEAVER	RTON, OF	R 97008-	7157				Phone no	(50	3) 646-	-5106	_
Ma	y the IRS	discuss th	is return with th				structions)			•		X Yes	No	
_			Reduction Act N					TE	EA0113L 12	2/18/12		For	m <b>990</b> (2012	27

	990 (2012) OREGON TRANSFORMATION I		45-2942026	Page 2
Par	t III,I Statement of Program Service Acc	omplishments		
	Check if Schedule O contains a response to	any question in this Part III		
1	Briefly describe the organization's mission:			
	TO SUPPORT CANDIDATES AND MEASU STATE OF OREGON	RES THAT WILL IMPROVE EC	CONOMIC CONDITIIONS IN T	HE
2	Did the organization undertake any significant program	services during the year which were no	t listed on the prior	
	Form 990 or 990-EZ?		Yes	X No
_	If 'Yes,' describe these new services on Schedule			
3	Did the organization cease conducting, or make si If 'Yes,' describe these changes on Schedule O.	gnificant changes in now it conducts,	any program services? Yes	X No
4	Describe the organization's program service accon Section 501(c)(3) and 501(c)(4) organizations and secothers, the total expenses, and revenue, if any, fo	nplishments for each of its three large tion 4947(a)(1) trusts are required to rep r each program service reported.	st program services, as measured by ort the amount of grants and allocations to	expenses. to
4 a	(Code: ) (Expenses \$ 708,8	02. including grants of \$ 3	59,600.)(Revenue \$	)
	SUPPORTING CANDIDATES AND MEASU STATE OF OREGON			HE
	+			
	<del></del>			<del></del>
4 b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4 c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4 0	Other program services. (Describe in Schedule O.	)		
		grants of \$	) (Revenue \$	)
4 e	Total program service expenses ►	708,802.		
BAA		TEEA0102L 08/08/12	Forn	n <b>990</b> (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
i	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
ĺ	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	ļ 	Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	·	

Form 990 (2012) OREGON TRANSFORMATION PROJECT PAC
Part IV | Checklist of Required Schedules (continued)

<u></u>	The officering of residues Contractor (contractor)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i>			
	Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	激		
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	(0010)

Form 990 (2012)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 9			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?.	6 a	х	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
_				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans 13D			
_	Enter the amount of reserves on hand			1,
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	X
b	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	1	1

Par	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and f	or		
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges i	n	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
		- Control of	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b 2		垩	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a 8 b		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code.</u>		
	D. III	10a	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	10 a		<u> </u>
	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		Maj .	1
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14 .462	MATE	A
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
	a The organization's CEO, Executive Director, or top management official	15 b		X
8	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	i decid	1	3-200
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
Į	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	10		
_	organization's exempt status with respect to such arrangements?	16 b	L	<u> </u>
<u>Sec</u>	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a	– – – vailab	 le for	public
10	Inspection Indicate how you make these available. Check all that apply.  Own website  Another's website  Wighliad the control of the control			-
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.  SEE SCHEDULE O	able to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
	JIM PASERO 311 B AVENUE SUITE P LAKE OSWEGO OR 97034			

Form <b>990</b> (2012)	OREGON	TRANSFO	ORMATION	PROJECT	PAC	 	<u>45-2942026</u>
designation and the		1011			17	 	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ... ... .. ... ...

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)						·		
(A) Name and Title	(B) Average hours per week (list			not o less p d a d		more to n is both or/trusted		(D)  Reportable compensation from	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ANDREW MILLER DIRECTOR	10	х						0.	0.	0.
(2) ROB KREMER TREASURER	1	Х		х				0.	0.	0.
(3)				-						
(5)										
(6)										
<u></u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

Page 7

	(B)			(C	;)					
(A) Name and title	Average hours per	box,	, unles	heck ss pe	rson direct	than o	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours	9 2	<u>Is</u>	읔	χ̈́e	a 원	합	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	Individual or director	Tubo	Officer	emp	hest c	mer			organization and related organizations
	organiza - tions below	Individual trustee or director	nstitutional trustee		Key employee	ont S				
	dotted line)	æ	ustee		,,,	Highest compensated employee				
						_				
(15)										
(16)										,
(17)					-					
(18)										
(19)									-	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total		•					,	0.	0.	0.
c Total from continuation sheets to Part VII, Section				• • •		• • •	<b>▶</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to	those I		abov	e) v	vho			0 . more than \$100.00	0.0 of reportable comp	0. pensation
from the organization • 0								· · ·	·	
Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus	stee,		emį				ighest compensat	ed employee	Yes No
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportab	le co	mpei	nsa	tıon	and	oth	er compensation	from	
5 Did any person listed on line 1a receive or accrue	 compen	satio	n fro	om a	anv	unrel	late	ed organization or	individual	4 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	ie Sc	nea	uie	J 10	r suci	n p	erson		.   5   X
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epend	dent	cor	ntra	ctors	tha	it received more t	han \$100,000 of	
(A) Name and business addre		uie ci	<u> </u>	<u> </u>	year	endi	ig v	(B)	)	(C) Compensation
THIRD CENTURY SOLUTIONS LLC 311 B AVENUE SU		LAKE	osv	WEG	0,	OR 9	70	ADMIN, MEDIA,	OTHER	165,031.
2. Total number of undependent contractors (see since her	t not line	tod t	a the	so l	ıcto	d abo	<i>(</i> 0)	who received more	than	
2 Total number of independent contractors (including but		neu (	J (110)	5년 I	iste(	1 abo\	ve)	who received more	uicili .	

45-2942026

	Check if Schedule O contains a response to any question	n in this Part VIII	• •		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . 1 a				
중징	<b>b</b> Membership dues 1 b		+		
Ş.Ţ	c Fundraising events 1c 8,963.				
병칠	d Related organizations 1 d				
뚫릚	e Government grants (contributions) 1 e				1
룾칎	f All other contributions gifts, grants, and				
문티	f All other contributions, gifts, grants, and similar amounts not included above 1 f 680, 600.				
돌릙	g Noncash contributions included in lns 1a-1f: \$ 855.				
	h Total. Add lines 1a-1f	689,563.			
PROGRAM SERVICE REVENUE	Business Code				ļ
짍	2a				
3	b				
≩	c				
SE	d				
翼	е				
စ္အ	f All other program service revenue				
-	g Total. Add lines 2a-2f			<del></del>	
	Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds.				
				<del></del>	
	(i) Real (ii) Personal		····		
	6a Gross rents .				
	b Less: rental expenses				
	c Rental income or (loss) .				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less; cost or other basis				
	and sales expenses				
- 1	c Gain or (loss)				
	d Net gain or (loss)				
ш	8 a Gross income from fundraising events				
景	(not including \$ 8,963. of contributions reported on line 1c).				
2					
8	See Part IV, line 18 a 5,422.				
OTHER REVENU	<b>b</b> Less: direct expenses <b>b</b> 4,613.		1		
	c Net income or (loss) from fundraising events ▶	809.			809.
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses.  c Net income or (loss) from gaming activities				
				<del></del>	<u> </u>
	10a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less: cost of goods sold. <b>b</b>				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				<u> </u>
	11a				ļ <u> </u>
	b				_
	c				
	d All other revenue.				-
	e Total. Add lines 11a-11d			-	
<del></del>	12 Total revenue. See instructions	690,372.	0.	0.	809. Form <b>990</b> (2012)
BAA	I CEA	JIV3L 12/1/12			101111 000 (2012)

Part X Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must cor			omplete column (A).	
	Check if Schedule O contains a				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	and organizations in the United States. See Part IV, line 21	359,600.	359,600.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ŧ	Legal	14,702.	14,702.		
c	: Accounting	3,165.	3,165.		
c	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, col-	17 556	17 556		
	umn (A) amt, list line 11g expenses on Sch 0)	17,556.	17,556.	<del></del>	
_	Advertising and promotion	206,193.	206,193.		
13	Office expenses				- · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	787.	787.		. ,
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,500.	500.	1,000.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	PRINTING AND PUBLICATIONS	71,820.	71,820.		
	SURVEYS & POLLS	17,365.	17,365.		
	PETITION CIRCULATION	15,614.	15,614.		
	MAPPING DATA	1,500.	1,500.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	709,802.	708,802.	1,000.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	SOP 98-2 (ASC 958-720)	ı	İ	1	İ

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X... (B) End of year (A) Beginning of year 24,942 1 5,512 Cash - non-interest-bearing. ...... Savings and temporary cash investments ... 2 2 3 3 Pledges and grants receivable, net..... 4 Accounts receivable, net ........ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net . . . . 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. . . . 10a 10b 10 c **b** Less: accumulated depreciation. . . 11 Investments - publicly traded securities. ..... 12 Investments - other securities. See Part IV, line 11. Investments - program-related. See Part IV, line 11 13 13 14 Other assets. See Part IV, line 11 15 15 16 5,512 Total assets. Add lines 1 through 15 (must equal line 34) 24,942 16 Accounts payable and accrued expenses 17 17 Grants payable . . . 18 18 19 19 Deferred revenue .... 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D ..... 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 26 0. 26 Total liabilities. Add lines 17 through 25 ... X and complete Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. 24,942 5,512. 27 Unrestricted net assets ...... 28 Temporarily restricted net assets 29 Permanently restricted net assets ...... R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. PZCH Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund ... 32 Retained earnings, endowment, accumulated income, or other funds .... 32 33 24,942 5,512 33 Total net assets or fund balances . . 34 Total liabilities and net assets/fund balances . . . 24,942. 5,512. Form 990 (2012) BAA

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Forn	990 (2012) OREGON TRANSFORMATION PROJECT PAC 45-	2942026		Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XL				<u>.                                     </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	90,3	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	09,8	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	19,4	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		24,9	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10			. 1 0
	column (B))	10		5,5	<u> 12.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1.54	1- 1- 24 60 1 1	2.81.00
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		14		
	in Schedule O.		71.5		12.5
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on a	,	, , , , , , , , , , , , , , , , , , ,	4
	Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate			-, -
	basis, consolidated basis, or both:				' '
	Separate basis Consolidated basis Both consolidated and separate basis				لـنــا
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		٠.	* 1 Pe	7, 2, 3, 4
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lit	3 b		
DA A			Form	990	(2012)

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section	501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Name	of organ	ization			Employer identifica	tion number
ORE	EGON	TRANSFORMATION	PROJECT PAC		45-2942020	
			rganization is exempt under section			ation.
1	Provid	de a description of the	organization's direct and indirect political o	ampaign activities in f		PART IV
2	Politic	cal expenditures			▶\$	616,080.
			····		<u> </u>	50
			rganization is exempt under section			
		-	ise tax incurred by the organization under			
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a	a correction made?				. Yes No
t	If 'Ye	s,' describe in Part IV.				
			rganization is exempt under section			
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities >\$	
2	Enter functi	the amount of the filing o	organization's funds contributed to other organ	izations for section 527	exempt ►\$	
3	Total line 1	exempt function expen-	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter organ amou segre	the names, addresses nization made payments nt of political contribution gated fund or a politica	and employer identification number (EIN) 5. For each organization listed, enter the ailusive received that were promptly and directly delation committee (PAC). If additional spa	of all section 527 politimount paid from the fi ivered to a separate polace is needed, provide	tical organizations to willing organization's functifical organization, such anformation in Part IV	hich the filing ls. Also enter the as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						

BAA

d Grassroots nontaxable

e Grassroots ceiling amount (150% of line 2d, column (e)) .

f Grassroots lobbying expenditures

amount

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO1 (election under section 501(h)).	Γ filed	d For	m 5768	
			(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <b>c</b> Media advertisements?				
d Mailings to members, legislators, or the public?		<del> </del>		<del></del>
e Publications, or published or broadcast statements?				
	-			
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
. •			<del></del>	
	1,19M elz.	INA JAE		
j Total. Add lines 1c through 1:	<u> जन्मकृत्यः</u> त्रीक्त्यः स्ट्रीट	The state of	Established Species	no the day of Lores
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<del> </del>	1.0	100	24.00
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		Control of the Contro		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		遊鄉		. 4 . 4
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 1 1 1 1	L	~	中華民族和教
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or		
section 501(c)(6).				- La
- W				Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?	•		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?.			. 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.'	(c)(5) Part I	), or s II-A, l	ection 50 ine 3, is	01(c)
1 Dues, assessments and similar amounts from members	••••	1 #34/2		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		K.		
a Current year		2 a		
<b>b</b> Carryover from last year		2 b		
<b>c</b> Total		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		1		
expenditure next year?		4		<del></del>
5 Taxable amount of lobbying and political expenditures (see instructions)	•	_5	<del></del>	
Part IV Supplemental Information				<u> </u>
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	art II- <i>F</i>	A (affil	ated group	list);
PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES				
CONTRIBUTIONS TO CAMPAIGN COMMITTEES, PRODUCTION OF ADVERTISING T	<u>:0_S</u> [	J <u>PPO</u>	RT	
CANDIDATES, CONDUCTING POLLS AND SURVEYS				

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2012

OMB No 1545-0047

Copen to Public

Department of the Treasury Internal Revenue Service				► Attach to Form 990	).			Inspection #
Name of the organization		:					Employer identification number	tion number
OREGON TRANSFORM	TRANSFORMATION PROJECT PAC						45-2942026	9
Part I General Infor	General Information on Grants and Assistance	ssistance						
1 Does the organization of the selection criteria the Selection criteria 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the amount of ssistance? onitoring the u	the grants or a · · · se of grant fun	issistance, the grantees'	eligibility for the grants o	or assistance, and	· : :	☐ Yes X No
Part II Grants and O Form 990, Pa	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Ye Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments a	nd Organiz	ations in the Unit ore than \$5,000. P	id Organizations in the United States. Complete if the organization answered 'Yes' to seeived more than \$5,000. Part II can be duplicated if additional space is needed.	te if the organiza	tion answered 'Y' space is needed	es' to
1 (a) Name and address of organization or government	organization (b) EIN		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ASK DAMASCUS		501 (C)	(4)	7,000.	0			
(2) CMTE TO ELECT JASON CONGER 1567 SW CHANDLER AVE BEND. OR 97702	ON CONGER	527		10,000.	0.			
	1 <u>X LOVELACE</u> <u>1R RD</u> 97455	527		25,000.	0.			
(4) CMTE TO ELECT MIKE MCLANE  386 SW BENT LP  POWELL BUTTE, OR 97753	<u>MCLANE</u>	527		25,000.	0.			
(5) FRIENDS OF DAN MASON  18090 NW CORNELL RD, APT F  BEAVERTON OR 97006	3 <u>ON</u> 3 <u>D</u> _APT E	527		33,400.	0.			
┧。╵╬╵╭	OTT ROBERTS	527		25,000.	0.			
	OODHOUSE	527		10,000.	0.			
(8) FRIENDS OF JOHN LUDLOW 29173 SW COURTSIDE DRIVE WITSONVILLE OR 97070	<u>udlow</u> <u>E DRIVE</u>	527		.000,06	0			
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ment organiz	ations listed II	the line 1 table	:		<b>▲</b> :	0

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table.

Part III 4 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Part IV 9 ന 4 ß

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45-2942026

OREGON TRANSFORMATION PROJECT PAC

Schedule I (Form 990) (2012)

BAA

Schedule I (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance Continuation Page 1 Employer identification number Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance 45-2942026 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 57,000 10,000 15,000 TEEA4001L 12/10/12 (c) IRC section if applicable 527 527 527 527 (b) EIN OREGON TRANSFORMATION PROJECT PAC (a) Name and address of organization or government TOOTIE SMITH FOR CLACKAMAS CO 320 NORTH MAIN AVE, SUITE 213 FRIENDS OF MANUEL CASTANEDA TIM KNOPP FOR STATE SENATE. FRIENDS OF SCOTT HANSEN HILLSBORO, OR 97123 22380 RICKARD RD\_ MOLALLA, OR 97038 GRESHAM, OR 97030 524\_E\_MAIN\_\_\_\_ 3045 SE 61ST CT Name of the organization BEND, OR 97702

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
OREGON TRANSFORMATION PROJECT PAC	45-2942026
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE ORGANIZATION HAS NO FORMAL REVIEW PROCESS BUT FORM 990 IS A	VAIABLE FOR BOARD
MEMBERS TO REVIEW ON AN INDIVIDUAL BASIS IF THEY WISH.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
INFORMATION IS AVAILABLE FROM OREGON TRANSFORMATION PROJECT PAC	UPON REQUEST. FORM
990 WILL ALSO BE AVAILABLE ON THE GUIDESTAR WEBSITE.	